

Vaginal Candidiasis (Yeast) Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- vaginal discharge
- vaginal itching and irritation
- dyspareunia
- external dysuria
- vulvar pruritus, pain, swelling and redness

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical documentation of both findings before implementing treatment:

1. identification of typical yeast (budding cells), hyphae or pseudo hyphae on microscopic examination of a smear of vaginal discharge by saline or KOH wet prep, and
2. client is symptomatic

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer treatment for Vaginal Candidiasis by standing order, if both objective findings are documented in the medical record.

Note: The medical director should choose his/her preference of "Over the Counter" (OTC) treatment for the STD ERRN or RN to recommend to symptomatic clients. Insert medical director's choice of treatment here.

If the client is not pregnant and prefers oral azole treatment, the STD ERRN or RN must consult with a medical provider for a client-specific prescription. Always present the medical provider with a list of the client's current medications. Clinically important interactions can occur when clients take oral azoles with other medications including:

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|-------------------------------|----------------------------|----------------|
| • Astemizole | • Oral hypoglycemic agents | • Theophylline |
| • Calcium channel antagonists | • Phenytoin | • Trimetrexate |
| • Cisapride | • Protease inhibitors | • Rifampin |
| • Cyclosporin A | • Tacrolimus | • Warfarin |

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-focused STD education, including verbal and written information concerning:
 1. laboratory tests that she received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. correct condom use, as well as client-focused counseling and literature about personal risk reduction behavior(s)
- B. Advise the client about:
 1. abstaining from sexual intercourse for seven days or until completion of a 7-day medication regimen
 2. using condoms always and using condoms correctly
 3. identifying risk for acquiring STDs and developing a personal risk reduction plan

4. the increased chance of acquiring HIV infection
 5. requesting repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
 6. abstaining from douching
 7. using other disease prevention barrier methods such as dental dams, if applicable
 8. cleaning and covering sex toys, if applicable, to decrease transmission of infections
- C. Inform the client about the recommended OTC medication or the oral medication prescribed:
1. *[List OTC medication ordered by the medical director], or*
 2. Oral azoles – Fluconazole
- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when taking the medication
 2. advise the client that she may experience local burning or irritation when using vaginal topical agents
 3. advise the client that she may experience nausea, abdominal pain, and headache when taking oral Fluconazole
- E. Additional Instructions
1. Miconazole is an oil-based medication and may weaken latex condoms and diaphragms, causing possible method failure
 2. if symptoms persist, worsen, or reappear within two-eight weeks after treatment, return to clinic for re-evaluation
 3. tight-fitting garments may exacerbate the condition
 4. vaginal douching can contribute to vaginal candidiasis
 5. inform sexual partners of infection

*If a male partner complains of pruritus and/or irritations on or in conjunction with the glans of the penis or has erythematous areas on the glans of the penis they should contact a medical provider. The local health department STD Clinic does not provide screening or treatment recommendations for male genital yeast infections.
- F. Criteria for Notifying the Medical Provider
1. consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order
 2. consult with the medical provider, if the client has reoccurrence of symptoms within two months after initial treatment or greater than four occurrences within 12 months
 3. acute abdominal tenderness or rebound tenderness on exam
 4. adnexal or cervical motion tenderness on exam
 5. sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
 6. oral temperature $\geq 101^{\circ}$ F

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____
 Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)